

DUE MARCH 1ST

RP-425 (2013)

New York State Office of Real Property Services
Office of Real Property Tax Services

Application for School Tax Relief (STAR) Exemption

(See general information and instructions on the back of form)

Owner Name and Mailing Address:

Primary Residence Location:

(If different than mailing address)


PHONE #: _____

SBL# _____

1. Does your total income of all property owners exceed \$500,000 for 2013? **Yes** ☐ **No** ☐
a. (*If yes, you are not eligible for the STAR exemption for the 2015 school year)
2. Do you own any other property that is currently receiving the STAR exemption? **Yes** ☐ **No** ☐
3. Do you own property in another state that you are claiming as your primary residence and are receiving a tax benefit?
Yes ☐ **No** ☐

If Yes to question 2 or 3, please provide the address of each such property? _____

If you own property and it is your primary residence, you are eligible for a STAR school tax exemption.

- **Sign, date and return this form**
-  **Include a copy of your NYS driver's license** or voter's registration card. This is to verify your current address. If you do not have your current address on your license or voter registration card, please write it on the back and photocopy for our records.
- **Return it to the Assessor's Office by March 1st** in order to receive the exemption for that year.

**IF YOU ARE OVER 65 YOU MAY BE ELIGIBLE FOR A LARGER SCHOOL PROPERTY TAX SAVINGS.
CONTACT THE ASSESSOR'S OFFICE @ 542-4574 OR COME TO 5 CLARENCE CTR. RD., M-F, 8-4:30pm.**

CAUTION: Anyone who misrepresents his or her primary residence, age or income may be subject to a \$100 penalty, may be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.

I (we) certify that all of the above information is Correct and that I own the property listed above and that it is my primary residence. I understand it is my obligation to notify the assessor if I relocate to another primary residence and to provide any documentation of eligibility that is requested.

All resident owners must sign and date:

Signature

Date

Signature

Date

Signature

Date

Return to Assessor no later than

MARCH 1ST

SPACE BELOW FOR USE BY ASSESSOR

Assessor Name: Rebecca K. Baker
Address: P O Box 227, 5 Clarence Ctr Rd
Akron, NY 14001
Phone #: (716) 542-4574

Application received: _____

Date

Proof of residency: _____

Sign

FOLLOW UP: